

<b>DEPARTMENT OF DEFENSE ACQUISITION CORPS - WAIVER REQUEST</b>				REPORT CONTROL SYMBOL	
<b>COMPONENT/ORGANIZATION</b>					
1. TO <i>(Director, Acquisition Career Management (DACM))</i>			2. VIA <i>(Acquisition Career Program Board (ACPB))</i>		
3. COPY TO <i>(USD(A)AET&amp;CD)</i>			4. FROM <i>(Organization and Address)</i>		
5. NAME <i>(Last, First, Middle Initial)</i>			6. GRADE/RANK		7. SSN
8. ACQUISITION CAREER FIELD		9. OCCUPATIONAL SERIES/SPECIALTY		10. CURRENT JOB TITLE	
11. WAIVER REQUESTED <i>(X as applicable)</i>					
<input type="checkbox"/> a. ABSENCE OF EDUCATION <i>(X one)</i>					
		BACCALAUREATE DEGREE <i>(ACPB Certification Required)</i>		24 SEMESTER CREDIT HOURS IN SPECIFIED DISCIPLINES	OR 24 SEMESTER CREDIT HOURS IN CAREER FIELD AND 12 SEMESTER CREDIT HOURS IN SPECIFIED DISCIPLINES
<input type="checkbox"/> b. ABSENCE OF EXPERIENCE <i>(Less than 4 years' experience in acquisition position)</i>					
<input type="checkbox"/> c. ABSENCE OF MINIMUM GRADE					
12. REQUEST BASED ON <i>(X as applicable)</i>					
	DEMONSTRATED ANALYTICAL AND DECISION-MAKING CAPABILITIES		JOB PERFORMANCE		<input type="checkbox"/> QUALIFYING EXPERIENCE <input type="checkbox"/> ALL OF THE ABOVE
13. DESCRIPTIVE NARRATIVE RATIONALE					
14. REQUESTING OFFICIAL					
a. TYPED NAME		b. GRADE		c. ORGANIZATION	
d. SIGNATURE					e. DATE (YYYYMMDD)
15. ENDORSING OFFICIAL					
a. TYPED NAME		b. GRADE		c. ORGANIZATION	
d. SIGNATURE					e. DATE (YYYYMMDD)
16. ACQUISITION CAREER PROGRAM BOARD ACTION <i>(X one)</i>					
	GRANTED		DISAPPROVED	a. ACPB NAME	b. DATE (YYYYMMDD)